EXHIBIT C

PORM B10 (Official Form 10) (10/05)

IMMED STATE RANDOIDE V COURT	Digrator of Mayada	T
UNITED STATES BANKRUPICY COURT	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	
NOTE This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense ma]
Name of Creditor (The person or other entity to whom the dubtor owes money or property) 1-2 Enterprises LLC Manager Warren W Tripp	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any	
Name and address where notices should be sent Warren W Tripp 250 Greg Street Sparks, NV 89431	notices from the bankruptcy court in this case Check box if the address differs from the	
Sparks, NV 89431 Telephone number (775) 355-7552	address on the envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces a previously filed	d claim dated
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other See Exhibit A	Retiree benefits as defined in 11 Wages salaries and compensat Last four digits of your SS # Unpaid compensation for service fromto (date)	tion (fill out below)
2 Date debt was incurred August 2004	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ 405,856.76 ✓ Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim ☐ Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$ Specify the priority of the claim ☐ Domestic support obligations under 11 U S C \$ 507(a)(1)(A) of (a)(1)(B) ☐ Wages salaries, or commissions (up to \$10,000) * earned with days before filing of the bankruptcy petition or cessation of the debit business whichever is earlier 11 U S C \$ 507(a)(4) ☐ Contributions to an employee benefit plan 11 U S C \$ 507(a) 5 Total Amount of Claim at Time Case Filed	Secured Claim Our claim or a right of setoff) Brief Description of Collateral Real Estate Motor V Value of Collateral \$ Unk Amount of arrearage and other charg secured claim, if any \$ 5,856 76 Up to \$2 225* of deposits toward pure or services for personal family or hour \$ 507(a)(7) Taxes or penalties owed to government of the secured claim, if any \$ 405,856 76 *Amounts are subject to adjustment on 4/1/ with respect to cases commenced on or \$ 405,856 76	s secured by collateral (including Il Vehicle Other——— known ges at time case filed included in 6 chase lease or rental of property usehold use 11 U S C Intal units 11 U S C § 507(a)(8) of 11 U S C § 507(a)()
Check this box if claim includes interest or other charges in ad-	(unsecured) (secured) (pr	priority) (Total)
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts, contragreements, and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are volu. 8. Date-Stamped Copy To receive an acknowledgment of the finaddressed envelope and copy of this proof of claim. Date Sign and print the name and title if any of file this claim (attach copy of power of atto.)	nents, such as promissory notes purchase racts court judgments mortgages, security ND ORIGINAL DOCUMENTS If the FILE uminous, attach a summary filing of your claim enclose a stamped self-	THIS SPACE IS FOR COURT USE ONLY JAN 11 2007
1-10 c7 WRING W To	21	USA CMC

FCRM B10 (Official Form 10) (10/05)

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UNITED STATES BANKRUPTCY COURT	Dis	TRIC I	OF Nevada	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	Case	Number	06-10725-LBR	TROOF OF GENIN
NOTF This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense ma				1
Name of Creditor (The person or other entity to whom the dubtor owes money or property) T-3 Enterprises LLC Manager Warren W Tripp	else you	has file claim ng partic		
Name and address where notices should be sent Warren W Tripp 250 Greg Street	noti	ces fron	If you have never received as in the bankruptcy court in the if the address differs from the	15
Sparks NV 89431 Telephone number (775) 355-7552 Last four digits of account or other number by which creditor	the	ess on t court ck here	he envelope sent to you by replaces	THIS SPACE IS FOR COURT USE ONLY
identifies debtor		is claim		filed claim dated
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes ✓ Other See Exhibit A			Retiree benefits as defined a Wages salaries and compensation for support of the salaries of your SS Unpaid compensation for support of the salaries (date)	nsation (fill out below) # ervices performed
2 Date debt was incurred FEB 2005	3	If co	urt judgment, date obtair	ed
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$_304,220 38 ✓ Check this box if a) there is no collateral or lien securing you only part of your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim ☐ Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$ Specify the priority of the claim ☐ Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) ☐ Wages salaries, or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U S C § 507(a)(4) ☐ Contributions to an employee benefit plan - 11 U S C § 507(a)	or claim or none or which is	Amo secur Up to \$ 507(a Taxes of their sounts a	Check this box if your claim to of setoff) Brief Description of Collai Mote Value of Collateral \$	teral or Vehicle Other— Unknown charges at time case filed included in 0.38 purchase lease or rental of property household use 11 U S C \$ 507(a)(8)
5 Total Amount of Claim at Time Case Filed		30422 (unsecu		304,220 38
Check this box if claim includes interest or other charges in additional charges		princij	pal amount of the claim At	(priority) (Total) tach itemized statement of all
 6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain If the documents are voluit 8 Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim 	ents, such a acts courty D ORIGIN minous att ling of you	is promi udgmer IAL DO ach a su r claim	issory notes purchase nts mortgages, security OCUMENTS If the immary enclose a stamped self-	THIS SPACE IS FOR COURT USE ONLY ED JAN 11 2007
Date 1 - 10 < 7 Sign and print the name and title if any, of the file this claim (attach copy of power of attornum).	he creditor ney if any	or othe	r person authorized to	USA CMC
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			THE CONCESS OF	P	RO	of of CL/	AIM		90	
Na	me of Debtor			Case	Num	ber				
	CA CAAAAA	~ A.	Maria							
~	34 COMMER	CIAC	MORTGAGE CO	. 00	0-1	0725 LB	R			
	TE See Reverse for Lis				T,			ı		
			a claim for an administrativ case A request for payr		L	Check box if you a aware that anyone else				
			irsuant to 11 U S C § 503		fi	iled a proof of claim re	lating			
Na	me of Creditor and	Addres	SS			o your claim Attach o statement giving partic				
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			SANDRA C THIBAULT			never received any not	ices			
	4525 DAWN LAS VEGAS					from the bankruptcy co BMC Group in this case			IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NO	эт
	210 720/10	7117 0012	3 0,200		- Ir	Check box if this a	1	ONE OF THE DE	BTORS	
						differs from the address	s on the		eady filed a proof of claim with the or BMC you do not need to file again	ır.
Cre	ditor Telephone Number	(701) 8	29 -99 97			envelope sent to you by court	y tne		E IS FOR COURT USE ONLY	"
			nber by which creditor ident	tifies debtor	-		replac			i.
	5805	4~0	5932			Check here If this claim	or amen	a previously	/ filed claim dated	
1 E	BASIS FOR CLAIM			Retur	ree be	nefits as defined in			Unremitted principal	_
	Goods sold	Pers	sonal injury/wrongful death	-		lanes and compens			Other claims against service	cer
	Services performed	☐ Tax	es			ligits of your SS#	ioauon (i	iii out below)	(not for loan balances)	,
D	Money loaned Money loaned Money loaned Money l	Othe	er (describe briefly)			mpensation for serv	/ices per	rformed from	to	
L									(date) (date)	
-	DATE DEBT WAS INCUI		ARIOUS			URT JUDGMENT, I				
	CLASSIFICATION OF CI see reverse side for importar		eck the appropriate box or box	es that best d	iescribe	e your claim and state	the amou	unt of the claim at t	the time case filed	
1	ISECURED NONPRIOR					SECURED CLA				
	Check this box if a) there	is no collate	eral or lien securing your claim				-	our claim is secu	red by collateral (including	
	exceeds the value of the p entitled to priority	property seco	uring it or if c) none or only pai	rt of your clair	m is	a right of se	•	colleteral		
UN	SECURED PRIORITY C	LAIM		-		Brief descri	·	_	FT 6.1	
		an unsecui	red claim all or part of which is	i		_		Motor Vehicle		-
	entitled to priority Amount entitled to priority	c				Value of Co			(NOWN	
	• •	. Ψ مام				secured claim i	arage ar ıf anv	nd otner charges \$ <i>SEE _AT</i>	at time case filed included in	
П	Specify the priority of the o		1 U S C § 507(a)(1)(A) or (a)(1	IVB)		L				
	., .		to \$10 000)* earned within 180	,	ш	services for personal			e or rental of property or 11 U S C § 507(a)(7)	
	before filing of the bankrup	ptcy petition	or cessation of the debtors	o uujo		Taxes or penalties ow	ved to go	vernmental units -	11 U S C § 507(a)(8)	
	business whichever is ea		olan 11 USC § 507(a)(5)			Other - Specify applic	able para	agraph of 11 USC	§ 507(a) ()	
	Contributions to an emplo	Aee Deliciit !	olali 11036 9307(a)(5)			* Amounts are subject with respect to cases			nd every 3 years thereafter	
5 1	OTAL AMOUNT OF CL	AIM \$	SEE ATTACHED	\$		\$	COMMING	occ on or and the	\$	
-	AT TIME CASE FILED		(unsecured)		(sec	cured)	_	(priority)	(Total)	
K	Check this box if claim inc	dudes intere	est or other charges in additio	n to the princ	cipal ar	mount of the claim A	Attach itei	mized statement of	of all interest or additional charges	
			nents on this claim has bee							
									oces itemized statements of	
1	running accounts contra	icts court j	udgments mortgages, sec	urity agreen	nents	and evidence of pe	erfection	of lien DO NO	T SEND ORIGINAL	
			re not available explain. If					-	d envelope and copy of this	
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			oof of claim form must be						THIS SPACE FOR COURT	
	for each person or enti	s actually tv (includi	received on or before 5 0 ing individuals, partnersh	10 pm, prev 110s. corpor	/ailing rations	l Pacific time, on N s. ioint ventures, ti	lovembe rusts ar	er 13, 2006 nd	USE ONLY	nc
1	governmental units) BY MAIL TO								FILED OCT 17 20	Uŧ
1	BMC Group			BMC	Group					
	Attn USACM Claims Do P O Box 911	скетіпд Се	enter			CM Claims Docketing Franklin Avenue	g Cente		T. CO DOT 4 = 000	_
	El Segundo CA 90245-0			El Se	gundo	CA 90245		<u>.</u>	F.LED OCT 17 200	D
DA	· -	SIGN and	d print the name and title if any s claim (attach copy of power o	y of the credit	itor or o	other person authorized				
	10-11-2006	GARY	TO THE RUCK	. Lationiey it e	رون الرون	ANORA C TH	HBAU	CT-	USA CMC	
<u>_</u>	- W. F	1 yan	1 9 Thelaut	Wan	voc!	wyon	Ma	uu		
ren	any for presenting frauduler	it claim is a	fine of up to \$500 000 or impris	sonment for u	<i>i</i> n to 51	vears or both 18 U.S	SS J.	152 AND 3571	1472500623	

FORM B10 (Official Form 10) (10/05)

UNITED STATES	BANKRUPICY COURT	Dis	TRICT	OF Nevada		PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company Case Number 06-10725-LBR						PROOF OF CLAIIV
NOTH This form s of the case. A req	hould not be used to make a claim for an admini- uest for payment of an administrative expense ma	strative exp y be filed	ense arı pursuan	ising after the commit to 11 USC § 50	encement 3	
	The person or other entity to whom the or property) Jean Thompson an unmarried woman	else has filed a proof of claim relating to your claim Attach copy of statement giving particulars				
Name and address Wilma Jean Tho 12 Brewster Wa	•	notic	ces from	if you have never re in the bankruptcy co if the address differs	urt in this	
	2373 909-335-//53 account or other number by which creditor	addi the		the envelope sent to		THIS SPACE IS FOR COURT USE ONLY
identifies debtor	ecount of other humber by which creation		is claim		eviously filed	claim dated
✓ Money ☐ Persona ☐ Taxes	sold s performed			Retiree benefits as Wages salaries, an Last four digits of Unpaid compensat from(date)	d compensativour SS # ion for servicto	ces performed
V Other ~	as incurred 3-7-05	3.	If co	urt judgment, dat	e obtained	
See reverse side Unsecured Nonp Check this be b) your claim exce only part of your c Unsecured Priori	priority \$	or claim, or none or which is	Secu	Check this box if the of setoff) Brief Description Real Estate Value of Collaters ount of arrearage an red claim if any	your claim is of Collateral Motor V al \$_Unk d other charg \$_1,433 34	secured by collateral (including ehicle Other————————————————————————————————————
(a)(1)(B) Wages salaries days before filing o business whichevel	ort obligations under 11 USC \$507(a)(1)(A) or s, or commissions (up to \$10 000),* earned within the bankruptcy petition or cessation of the debt is earlier - 11 USC \$507(a)(4) to an employee benefit plan - 11 USC \$507(a)	n 180 or's *An	or serve § 507(Taxes of Other of the counts	nces for personal f (a)(7) or penalties owed to - Specify applicable are subject to adjus	amily or hounged government of government on 4/1/	sehold use - 11 U S C tal units - 11 U S C § 507(a)(8) of 11 U S C § 507(a)() for and every 3 years thereafter after the date of adjustment.
Check this box	nt of Claim at Time Case Filed If claim includes interest or other charges in add	\$. dition to th	(unsec		ed) (p	100,268 37 monty) (Total) itemized statement of all
interest or addi	tional charges e amount of all payments on this claim has been					HIS SPACE IS FOR COURT USE ONLY
7 Supporting D orders invoices, agreements and documents are r 8 Date-Stamped	ocuments Attach copies of supporting documents. Attach copies of supporting documents, itemized statements of running accounts, control evidence of perfection of lien DO NOT SEN not available explain. If the documents are volucing To receive an acknowledgment of the flope and copy of this proof of claim	acts, court of the	judgme NAL D ach a s	ents mortgages, sec OCUMENTS If the ummary	unty ie	USA CMC
Date	Sign and print the name and title if any, of the file this claim (attach copy of power of attor	the creditor	or oth	er person authorize	d to	FILED JAN 11 200
1-09-07	Wilma Jean Thom			Vilma Tean	Thompson	ı

THE TRAINING OF STREET	PRO	OF OF CLAIM	1:02 Pag	 C 0 0 12
Name of Debtor	Case Nu	mber	ł	
USA Commercial Mortgage Company	1	725-LBR		
OOA Commercial Mortgage Company	00-107	23-LDK		
NOTE See Reverse for List of Debtors and Case Numbers	<u> </u>			
This form should not be used to make a claim for an administrative exp		Check box if you are		
arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503	of an	aware that anyone else has filed a proof of claim relating		LY OWED MONEY BY A BORROWER
Name of Creditor and Address		to your claim Attach copy of statement giving particulars	DEBTORS YOU	S BEING SERVICED BY THE DO <u>NOT</u> HAVE TO FILE A PROOF
1132124203921	1	_	OF CLAIM THIS	S INCLUDES MONEY FROM THAT ELD IN THE COLLECTION ACCOUNT
TISCHLER HILLARI		Check box if you have never received any notices	BORROWER HE	LD IN THE COLLECTION ACCOUNT
7408 DOE AVENUE LAS VEGAS NV 89117		from the bankruptcy court or BMC Group in this case		HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
LAO VEGAGIAV USTIT		Check box if this address	ONE OF THE DE	
		differs from the address on the		ready filed a proof of claim with the
Creditor Telephone Number ()		envelope sent to you by the court		t or BMC you do not need to file again
Last four digits of account or other number by which creditor identifies of	debtor			E IS FOR COURT USE UNLT
10085		Check here replace	a previousi	y filed claim dated
1 BASIS FOR CLAIM	1	L allien		
Goods sold Personal injury/wrongful death		enefits as defined in 11 U S		Unremitted principal
Services performed Taxes		salanes, and compensation (fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		digits of your SS #		
	Unpaid d	ompensation for services per	formed from	to
2 DATE DEBT WAS INCURRED 5/3:105	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				the time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b)	vour down	Check this box if yo	our claim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of yo	our claim is	a right of setoff)		
entitled to priority UNSECURED PRIORITY CLAIM		Brief description of	collateral	
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	e Dother
entitled to priority		Value of Collateral	\$ Not	Known
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim, if any	5	ay in age of the second and a second a second and a second a second and a second and a second and a second and a second an
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa	rd purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		services for personal family o		
business whichever is earlier 11 U S C § 507(a)(4)	H	Taxes or penalties owed to government of the Communication of the Commun		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjus	tment on 4/1/07 a	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	1/ /- 2	with respect to cases commen	ced on or after the	
AT TIME CASE FILED		40,21 \$		\$ 166,24621
(unsecured)		ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the				-
6 CREDITS The amount of all payments on this claim has been cred	lited and d	educted for the purpose of m	aking this proof	of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , mortgages security a	<u>iments,</u> su areements	ch as promissory notes purc s, and evidence of perfection	hase orders, inv	oces, itemized statements of
DOCUMENTS If the documents are not available explain if the d	ocuments	are voluminous, attach a sun	nmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim, enclose a stamped	l, self-addressed	d envelope and copy of this
The original of this completed proof of claim form must be sent	by mail a	r band dalmared /FAVES N	OT	
ACCEPTED) so that it is actually received on or before 5 00 pm.	, prevailin	g Pacific time, on Novembe	r 13, 2006	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, c	orporatio	ns, joint ventures, trusts an	d	
BY MAIL TO	BY HAND	OR OVERNIGHT DELIVERY TO	ر سور	1 FD 007 1 0 0000
Attn USACM Claims Docketing Center	BMC Grou Attn USA	ıр CM Claıms Docketıng Center	. F	LED OCT 1 3 2006
P O Box 911	1330 East	Franklin Avenue		
DATE SIGN and print the name and title if any of the		other person authorized to file		
this claim (attach conv of power of attorn	ney if any)			USA CMC
10/3/06 Hopen Tis choos	H	Ibr. Tischle	/	1072500576

Case 06-10725-gwz	Doc 8541-3 Er	tered 06/23/11 12:3	1:02 Page 7 of 12	
• •	PRO	OOF OF CLAIM	G	
	Once No			
Name of Debtor	Case No			
CONVINEY CIAL MORTOGO	1501.17) 100-10	0725-LBR		
NOTE See Reverse for List of Debtors and Case N This form should not be used to make a claim for an arising after the commencement of the case A "req	administrative expense	Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11	USC § 503	filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address	44004044000404	statement giving particulars		
DONALD S TOMLIN AND DOROTH	11321241008421	Check box if you have		
TRUSTEE OF THE DONALD S TO		never received any notices from the bankruptcy court or	DO NOT FILE THIS PROOF OF CLAI	
7145 BEVERLY GLEN AVE LAS VEGAS NV 89110-4228		BMC Group in this case	SECURED INTEREST IN A BORROY ONE OF THE DEBTORS	VER THAT IS NOT
		Check box if this address differs from the address on the envelope sent to you by the	If you have already filed a proof of Bankruptcy Court or BMC you do not	
Creditor Telephone Number () 702-45		court.	THIS SPACE IS FOR COURT	TUSE ONLY
Last four digits of account or other number by which	creditor identifies debtor	Check here replace or if this claim amen	a previously filed claim dated	
1 BASIS FOR CLAIM		benefits as defined in 11 U S	C § 1114(a) Unremitted	principal
Goods sold Personal injury/wi Services performed Taxes	Ŭ wages,	salanes, and compensation (fill out below) Other claims	s against service i balances)
Money loaned Other (describe b		compensation for services pe		
	· · · · · · · · · · · · · · · · · · ·		(date)	(date)
2 DATE DEBT WAS INCURRED VANCOS		OURT JUDGMENT, DATE O		
4 CLASSIFICATION OF CLAIM Check the appropriate See reverse side for important explanations	nate dox or doxes that dest described		xee attached.	
UNSECURED NONPRIORITY CLAIM \$2,77	9,806 interes	Check this how if w	examption of clay our claim is secured by collateral (ii	m)
Check this box if a) there is no collateral or lien secure exceeds the value of the property securing it or if c) r	ring your claim or b) your claim	1 1 1 1	an dann io sociator by condition (ii	loidding
entitled to priority (See altachied d	rescription)	Brief description of	collateral	
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or	part of which is	Real Estate	Motor Vehicle Other	
entitled to priority	F	Value of Collateral	\$	
Amount entitled to priority \$ Specify the priority of the claim		Amount of arrearage ar secured claim, if any	d other charges <u>at time case filed</u>	included in
Domestic support obligations under 11 U S C § 507(a	a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits towa	rd purchase lease or rental of propert	v or
Wages salanes or commissions (up to \$10 000)* ea before filing of the bankruptcy petition or cessation of	the debtor's	services for personal family o	r household use -11 U S C § 507(a)(7) /ernmental units - 11 U S C § 507(a)(8)
business whichever is earlier - 11 U S C § 507(a)(4	` <u> </u>	<u> </u>	graph of 11 U S C § 507(a) ()	-,
Contributions to an employee benefit plan - 11 U S C	9 507(a)(5)		tment on 4/1/07 and every 3 years then ced on or after the date of adjustment	reafter
5 TOTAL AMOUNT OF CLAIM \$ 3,779	,806 \$_	\$	\$~2,779	.806
AT TIME CASE FILED (unse	cured) (secured)	(prionty)	(Total)
Check this box if claim includes interest or other cha	rges in addition to the principal	amount of the claim Attach ite	mized statement of all interest or additional	tional charges
6 CREDITS The amount of all payments on this of				
7 SUPPORTING DOCUMENTS Attach copies running accounts contracts court judgments, me DOCUMENTS If the documents are not available.	ortgages, security agreement	ts, and evidence of perfection	of Iren DO NOT SEND ORIGINA	atements of AL
l e e e e e e e e e e e e e e e e e e e			l, self-addressed envelope and cop	py of this
The original of this completed proof of claim ACCEPTED) so that it is actually received on	or before 5 00 pm, prevaili	ng Pacific time, on Novembe	r 13, 2006 USE (
for each person or entity (including individual governmental units)		, -	u	
BY MAIL TO BMC Group	BMC Gro			
Attn USACM Claims Docketing Center P O Box 911		ACM Claims Docketing Center at Franklin Avenue	FILED NOV 1	0 Z006
El Segundo CA 90245-0911	1⊈l Segun	do, CA- 90 245	1	
DATE SIGN and print the name this claim (attach of	and title if any of the creditor of oby of power of attorney if any).	, m;n,1, 1,	USA C	169

FORM B10 (Official Form 10) (10/05)

PONIM BIO (Official Ponti To) (T0/03)		
UNITED STATES BANKRUPTCY COURT	District of Nevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	
NOTE This form should not be used to make a claim for an administrative expense matching the case. A request for payment of an administrative expense matching the case of the case.	strative expense arising after the commencement ay be filed pursuant to !! USC § 503	
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Tripp Enterprises Inc a Nevada corporation	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any	
Name and address where notices should be sent Warren W Tripp 250 Greg Street Sparks, NV 89431	notices from the bankruptcy court in this case Check box if the address differs from the address on the envelope sent to you by	
Telephone number (775) 355-7552	the court	THIS SEACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here replaces If this claim amends a previously filed	claim dated
1 Basis for Claim Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes See Exhibit A	Retiree benefits as defined in 11 Wages salaries and compensation Last four digits of your SS # Unpaid compensation for service from	on (fill out below) es performed
2 Date debt was incurred JULY 2004	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$ 490,267 92 Check this box if a) there is no collateral or lien securing you be your claim exceeds the value of the property securing it or if conly part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) of (a)(1)(B) Wages salaries, or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debit business whichever is earlier 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a)	Secured Claim Trelaim, or none or Brief Description of Collateral Real Estate Motor Ve Value of Collateral \$ Unkr Amount of arrearage and other charge secured claim, if any \$ 9,078 43 Up to \$2 225* of deposits toward purch or services for personal family or hous \$ 507(a)(7) Taxes or penalties owed to governmental or services for personal family or hous \$ 400 cor services for personal family or hous \$ 100 cor services for personal family	chicle Other————————————————————————————————————
Check this box if claim includes interest or other charges in ad- interest or additional charges	(unsecured) (secured) (pri	iority) (Total)
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents invoices itemized statements of running accounts contragreements and evidence of perfection of lien DO NOT SEN documents are not available explain If the documents are voluments are not available explain. If the documents are voluments are not available explain if the document of the final discrete envelope and copy of this proof of claim. Date Sign and print the name and title if any, of file this claim (attach copy of power of atto	thents, such as promissory notes purchase facts court judgments, mortgages, security ND ORIGINAL DOCUMENTS If the iminous, attach a summary filing of your claim enclose a stamped self-the creditor or other person authorized to	TO JAN 11 2007
Penalty for presenting fraudulent claim Fine of up to \$500 000 or	r Imprisonment for up to 5 years or both 18	1072502103

FC B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPICY COURT	Die	IRICI	OF Nevad				
					PROOF OF CLAIM		
Name of Dubtor USA Commercial Mortgage Company	Dubtor USA Commercial Mortgage Company Case Number 06-10725-LBR						
NOTF This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	strative exp	ense arīs	ing after the	commencement § 503			
or the early at request for payment of an authinistrative expense ma					_		
Name of Creditor (The person or other entity to whom the				re that anyone laim relating to			
dcbtor owes money or property) Warren W Tripp Trustee of the Tripp				of statement			
Enterprises Inc Restated Profit Sharing Plan		ng partic					
Name and address where notices should be sent				ver received any			
Warren W Tripp	noti		і іне вапкгир	icy court in this			
250 Greg Street Sparks, NV 89431	Che	ck box 1		differs from the			
Sparks, NV 89431 Telephone number (775) 355-7552		ess on the	he envelope s	ent to you by	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor	-	ck here	replaces				
identifies debtor		is claim		a previously fi	led claim dated		
1 Basis for Claim	I				11 U S C § 1114(a)		
Goods sold					sation (fill out below)		
Services performed			ast four digi	ts of your SS#	gramming transvertibilities		
✓ Money loaned		τ	Inpaid comp	ensation for ser	vices performed		
Personal injury/wrongful death		f	rom		to		
Taxes Other See Exhibit A				(date)	(date)		
A Detailed	3	If cor	ert undamen	t, date obtaine	d		
August 2004	3	11 600	ir i judginen	u, uate obtaine	u		
4 Classification of Claim Check the appropriate box or boxes th	at best des	cnbe vo	ur claum and	state the amoun	t of the claim at the time case filed		
See reverse side for important explanations			red Claim		, -,		
Unsecured Nonpriority Claim \$ 437,835 06		1					
Check this box if a) there is no collateral or lien securing you	r claım or	a rigi	Check this to tof setoff)	ox if your claim	is secured by collateral (including		
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	none or	"g.	ŕ				
		-		ption of Collate			
Unsecured Priority Claim			✓ Real Est Value of Co	L	Vehicle Other———		
Check this box if you have an unsecured claim all or part of ventitled to priority	which is		-				
				age and other cha any \$ <u>8,808</u>	arges <u>at time case filed</u> included in 83		
Amount entitled to priority \$		Secui	cu ciami ii i	ally #_0,000			
Specify the priority of the claim	П	Up to \$	52 225* of de	posits toward p	irchase lease or rental of property		
Domestic support obligations under 11 USC § 507(a)(1)(A) of	or	or servi		onal family or h	ousehold use - 11 U S C		
(a)(1)(B)		- '	• • •	wed to governm	ental units - 11 USC § 507(a)(8)		
Wages salaries or commissions (up to \$10 000),* earned within	n 180 📙		•	_	h of 11 USC § 507(a)()		
days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U S C § 507(a)(4)	ors 🗀 *4.				/1/07 and every 3 years thereafter		
Contributions to an employee benefit plan - 11 U S C \ 507(a					or after the date of adjustment		
		1279	35.06 43	27 925 06	127 025 OG		
5 Total Amount of Claim at Time Case Filed	_	43783 (unseca	ned)	37,835 06 (secured)	(priority) 437,835 06 (Total)		
Check this box if claim includes interest or other charges in additional charges	dition to th			f the claim Atta	ach itemized statement of all		
6 Credits The amount of all payments on this claim has been	credited a	ınd dedu	cted for the	purpose of	THIS SPACE IS FOR COURT USE ONLY		
making this proof of claim							
7 Supporting Documents Attach copies of supporting docum	ents, such	as prom	issory notes	purchase			
orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN	acts court	Judgme	nts, mortgage	es, security			
documents are not available explain. If the documents are volu	minous at	val DO	JOUMEN IS Immary	o ii ine			
8 Date-Stamped Copy To receive an acknowledgment of the fi			-	amped self-	1 1 200		
addressed envelope and copy of this proof of claim	or Jul	: -: -: -: -: -: -: -: -: -: -: -: -:	, viioiouo a da	ampou soil"	FILED JAN 11 200		
Date Sign and print the name and title if any of	the credito	r or othe	er person aut	horized to	L_L		
1 - 1 C - U me this claim (attach copy of power of atto	T 5	2/			USA CMC		
	1-10	7			###############################		

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	Dis	TRIC I	oī <u>Nev</u>	ada	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	Case	Number	06-107	25-LBR	PROOF OF CLAIIVI
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	strative exp iy be filed	ense aris pursuant	ing after to 11 U	the commencement S C § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property) Warren W Tripp, a married man dealing with his sole & separate property Name and address where notices should be sent Warren W Tripp 250 Greg Street	else you givi Che noti	has filed r claim ng partic ck box if ces from	l a proof of Attach coulars you have the bank	aware that anyone of claim relating to opp of statement e never received an cruptcy court in the ess differs from the	ry s
Sparks, NV 89431 Telephone number (775) 355-7552	add			pe sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Che	ck here is claim	repla amer	ces nds a previously f	filed claim dated
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes See Exhibit A		U V	Vages sa ast four of Inpaid co		ervices performed
2 Date debt was incurred JULY 2004	3	If cou	rt judgr	nent, date obtain	ed
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$_591,701.25 Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of ventitled to priority Amount entitled to priority \$	or claim, or none or	Securios Sec	Check that of seto Brief De Real Value of ant of arred claim	im is box if your claim ff) escription of Collate Estate Moto Collateral \$ earage and other ch if any \$10,51	eral or Vehicle Other Unknown Divining Other Other Other Other Other Other Other Other Other
Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) of (a)(1)(B) Wages salaries, or commissions (up to \$10,000) * earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a)	n 180 or s *At	or servi § 507(a Taxes o Other mounts a	ces for po)(7) r penaltie Specify a re subject	ersonal family or es owed to governa applicable paragrap to adjustment on	purchase lease or rental of property household use 11 U S C mental units - 11 U S C § 507(a)(8) ph of 11 U S C § 507(a)() 4/1/07 and every 3 years thereafter n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed	_	59170 (unsecu	red)	591,701 25 (secured)	(priority) 591,701 25 (Total)
Check this box if claim includes interest or other charges in additional charges					tach itemized statement of all
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts, contral agreements and evidence of perfection of lien. DO NOT SEN documents are not available explain. If the documents are voluing addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any, of the file this claim (attach copy of power of attornaments).	ents, such acts court ID ORIGII minous, at ling of you	as promi judgmer NAL DO ach a su ir claim	ssory no its mortg CUMEN mmary enclose a	tes, purchase gages, security NTS If the	
Wover W 4	12/				USA CMC

136 Up 10775-0W/ 100C 8541-3		rea ub/23/11 12:31	102 Pag	<u>e 11 0 12 </u>
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA Name of Debtor		OOF OF CLAIM		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Case Nu	ımber		
USA Commercial Mortgage Company	06-10	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers			1	
This form should not be used to make a claim for an administrative expension	ense	Check box if you are		
arising after the commencement of the case A "request" for payment of administrative expense may be filed pursuant to 11 U S C § 503	of an	aware that anyone else has filed a proof of claim relating	IE VOU ARE O	NLY OWED MONEY BY A BORROWEI
		to your claim Attach copy of	WHOSE LOAN	I IS BEING SERVICED BY THE
Name of Creditor and Address		statement giving particulars	DEBTORS YOU	U DO <u>NOT</u> HAVE TO FILE A PROOF IIS INCLUDES MONEY FROM THAT
11321242039399	9	Check box if you have	BORROWER H	IELD IN THE COLLECTION ACCOUNT
VOGLIS MARIETTA 201 EAST 79TH STREET		never received any notices		
NEW YORK NY 10021		from the bankruptcy court or BMC Group in this case	DO NOT FILE	THIS PROOF OF CLAIM FOR A
		I _P	ONE OF THE D	EREST IN A BORROWER THAT IS NO DEBTORS
		Check box if this address differs from the address on the		already filed a proof of claim with the
		envelope sent to you by the	Bankruptcy Cou	urt or BMC you do not need to file again
Creditor Telephone Number (2'4) 5 70 61 93		court	THIS SPA	ACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies d	lebtor	Check here replace	ces	
1 BASIS FOR CLAIM		if this claim amen	a previous ds	Sly filed cla m dated
	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
- Forestat injury/monglat death	Wages s	salaries and compensation (f	ill out below)	Other claims against service
Services performed Taxes		digits of your SS #	,	(not for loan balances)
Money loaned Other (describe briefly),		ompensation for services per	formed from	to
DEE Exhibit 1		,		(date) (date)
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	, , , , , , , , , , , , , , , , , , , ,
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that i	best descri	be your claim and state the amou	int of the claim a	t the time case filed
est reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$		/	ur claim is see	ured by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) your exceeds the value of the property securing it or if c) none or only part of you	our claim	Check this box if yo a right of setoff)	ui cialili is sec	ured by collateral (including
entitled to priority	ii ciaiiii is	Brief/description of	colleteral	
UNSECURED PRIORITY CLAIM		/		F===1
Check this box if you have an unsecured claim all or part of which is entitled to priority		Real Estate		
		Value of Collateral	\$ UN	KNOWN
Amount entitled to priority \$		Amount of arrearage and		
Specify the priority of the claim		secured claim if any \$	AFF EX	s at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towar	d purchase leas	Se or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days		services for personal family or	household use -	11 U S C § 507(a)(7)
before filing of the bankruptcy petition or cessation of the debtors business whichever is earlier - 11 U S C § 507(a)(4)		Taxes or penalties owed to gove	ernmental units -	-11 U S C § 507(a)(8)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other - Specify applicable parag	graph of 11 U S	C § 507(a) ()
		* Amounts are subject to adjust	ment on 4/1/07 a	and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	10	with respect to cases commenc	ed on or after the	e date of adjustment
AT TIME CASE FILED (unsecured)	12	7, 292,250		\$ 724 292,81
Check this box if claim includes interest or other charges in addition to the	principal a	mount of the claim Attach item	(priority) ized statement	of all interest or additional charges 5
6 CREDITS The amount of all payments on this claim has been credit	ed and de	educted for the purpose of me	lane this see -	
Attach copies of supporting docum	anta aua	h aa aaa aa a		
running accounts contracts, court judgments, mortgages security agr	reements	and evidence of perfection of	flien DO NO	OT SEND ORIGINAL
are are an included in the day and the explain in the doc	Juments a	ire voluminous, attach a sumi	manı	
8 DATE-STAMPED COPY To receive an acknowledgment of the f proof of claim	iling of yo	ur claim, enclose a stamped	self-addressed	d envelope and copy of this
The original of this completed proof of claim form must be sent b	v mail or	hand delivered (FAYES NO	T	T.U.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.O.
ACCEPTED) SO that it is actually received on or before 5 nn nm in	reveiling	Dogifia time on November	40.0000	THIS SPACE FOR COURT USE ONLY
for each person or entity (including individuals, partnerships, cor governmental units)	poration	s, joint ventures, trusts and	!	USE ONLY
BY MAIL TO	Y HAND O	R OVERNIGHT DELIVERY TO	11 h	
Atta LICA CAL Clause D. L. L. C.	MC Group)	FILLU	JAN 12 2007
D O D 044	iin USAC 330 Fact i	M Claims Docketing Center Franklin Avenue		1
El Segundo, CA 90245-0911	Segundo	CA 90245		USA CMC
DAJE SIGN and print the name and title if any of the c	reditor or o	ther person authorized to file		
this clarify fattach copy of power of attorney	r If any)		i	1072502163
Marieta Vog W	4			

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United States Bankrupicy Court	Dist	Q4CT	Of Neva	via	
			OF MEN	wa	PROOF OF CLAIM
Name of Debtor		lumber	1, 7	9	
454 CEMPIERCIAL MORTAGER ED				25 - LBR	
NOTE It is form should not be used to make a claim for an administ of the case. A 'request' for payment of an administrative expense ma					
Name of (reditor (The person or other entity to whom the				ware that anyone f claim relating to	
The policy of the all the Caral AZAIN-11	your	claim	Attach cor	by of statement	
debior on * money or property). Jelega 6 2-90 116 & CARLLAZ 411-11, 12786 - NEWL J LLINK 128 42 3335	, m ~	g partie			
Name and address where notices should be sent				never received an uptcy court in the	
1270 Co m MYER LV, ELMIRISE 112 Telephone number 623 932 2760 85335	Chec addn			ss differs from the e sent to you by	
Telephone number 623 733 2760	the c				THIS SPACE IS FOR COURT USE OF
Last four cigits of account or other number by which creditor identifies debtor	1	k here s claum	replac		Filed claim, dated
I. Best for Clarm Goods sold		i-i			n II USC, § III4(a) usation (fill out below)
Services performed		H 1	Last four d	ignts of your SS	
Money loaned		•	Unpaid co	inpensation for se	ervices performed
Personal many/wrongful death Taxes		1	from	(date)	to(date)
Taxes See Exhibit A				(Gaic)	(canc)
2. Date debt was incurred VAIRCUS	3.	If co	ert jødgn	ent, date obtain	teď
4. Classification of Claim. Check the appropriate box or boxes the	net best des	enbe ye	sur claim a	nd state the amou	int of the claim at the time case i
Sec reve se side for important explanations.	,	Secu	red Cini	ria .	
Unscourse: Nonpriority Claim 3 704,812. 74		0	Check th	s box if your clair	m is secured by collateral (including
Chec: this box if a) there is no collateral or iten securing you b) your claim exceeds the value of the property securing it, or if c) only part o' your claim is entitled to priority	ir claim, or none of	a ng	ht of setol	f) cription of Collar	ievai
Unsecured Priority Claim			market and		or Vehicle Other
Check this box if you have an unsecured claim, all or part of	Which is		Value of	Collateral \$_4	akien J
emitted to priority		Amo	ount of arre	arage and other cl	harges at tune case filed included
Amount cut fled to priority \$					
Specify the promity of the cisum.		Up to	\$2,225* of	deposits toward	purchase, lease, or rental of proper household use - I1 U.S.C.
Domest ic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(1)(B))£	§ 507(a square, routing O	nouscion use - 11 U.S C
print		Taxes o	or penaltic	s owed to governo	mental units - 11 U.S.C. § 507(a)
Wages alartes or commissions (up to \$10,000),* earned with days before /fling of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. § 507(a)(4)	tor's				ph of 11 USC § 507(a)() 4/1/07 and every 3 years thereaft
Contributions to an employee benefit plan - 11 U.S.C. § 507(a		with re	spect to co	ises commenced o	on or after the date of adjustment.
5. Total amount of Claim at Time Case Filed.	\$	704	8121	1704,81774	104,812
Check this box if claim includes interest or other charges in additional charges.	dition to the	buuca (maec		(secured) it of the claim. At	(priority) (Total) Each demized statement of all
6. Credits: The amount of all payments on this claim has been	n credited a	nd ded	ected for t	he purpose of	THIS SPACE IS HOR COURT USE ON
making this proof of claim.					The same of the sa
7 Supporting Documents: Attach copies of supporting documents, invoices itemized statements of running accounts, control	uents, Such	s pron	ussory not	cs, purchase	EILER IALLA A
agreements, and evidence of perfection of item DO NOT SEN documents are not available, explain if the documents are volu-	ID ORIGIN	IAL D	OCUMEN	ugus, security ITS If the	FILED JAN 11 2
8. Date-Stamped Copy: To receive an acknowledgment of the fi				stamped, self-	USA CMC
addressed suvelope and copy of this proof of claim. Date Sign and print the name and title if any, of	the creditor	or oth	er person :	ethonzed to	1072502040
file this claim (attach copy of power of atto	mey, if any):	gemianes S	THE STATE STATE STATE	
1-8-07 Joy Col handle Care	lag	T AND	ull	2	
Penulty for presenting fraudulant clays. Fine of up to \$500,000 or	r IMMORSONNE	but for	#0 to 5 w	ars, or hoth 1811	S.C. 88 152 (357)